



# **RBM Partnership To End Malaria Annual Report 2022**





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**RBM Partnership  
To End Malaria  
Annual Report 2022**

# Foreword



Since 2000, global partnership and sustained investment have transformed the fight against malaria – preventing 2 billion malaria cases, saving 11.7 million lives, and putting eradication within reach. And although we may have avoided a worse outcome, the world is significantly off track to achieving the global target of reducing the malaria burden by 90% by 2030. As many lives continue to be lost, this unfortunate reality underscores the need to get the fight against malaria back on track urgently.

The RBM Partnership has continued to build upon malaria elimination efforts with steadfast dedication, working tirelessly with malaria-affected countries and partners to hold the line against malaria worldwide. In January 2021, the RBM Partnership released its new 2021–2025 strategic plan, which aims to convene and coordinate an inclusive, multisectoral malaria response and accelerate progress toward eliminating this disease. This Annual Report presents the actions and achievements of the RBM Partnership throughout the year and proposes new avenues for continued advancements.

2022 marked a momentous year in the fight against malaria. Bold political and financial commitments were announced at the Kigali Summit on Malaria and NTDs, and the Seventh Global Fund Replenishment Conference emphasizing the urgent need to bridge the funding gap and accelerate our progress to end malaria.

This sense of urgency was underscored by the annual World Malaria Report, which estimated there were 247 million cases and 619,000 deaths from malaria globally, over 95% of which were in Africa. Children under five accounted for approximately 76% of the deaths, with one child dying from malaria every minute.

Despite being a preventable and treatable disease, the rate of decline in malaria cases and deaths had slowed significantly due to low coverage of existing malaria interventions, biological threats, humanitarian and health emergencies, natural disasters, population growth, a funding plateau, and competing financial and health priorities.

Although these setbacks, countries are accelerating the pace toward elimination. El Salvador and China's malaria-

free certification in 2021 are shining examples to others of the progress we can make when we work together. The “Zero Malaria Starts with Me” campaign – launched in 2018 and now approaching its fifth anniversary – continues to reinvigorate political commitment and community action to support a malaria-free future, with 25 African countries launching the campaign.

This year, the Partnership has undergone several changes to the organization's governance structure, marking a pivotal juncture for the RBM Partnership. One of the significant outcomes was the RBM Partnership Board approval of a revised RBM Partnership Board composition and an RBM Secretariat functional review.

It takes leadership and commitment at all levels to win the fight against malaria. On behalf of the RBM Partnership Board, I would like to sincerely thank the RBM Partnership's Interim CEO, Dr. Corine Karema, for her exemplary leadership and unwavering dedication over the past year bringing back the malaria voices and RBM Partnership visibility at higher and global level, and her continued Partnership in the fight against malaria. I sincerely thank the Secretariat team for their hard work bringing this to a successful year.

The next phase of the Partnership's work remains focused on its core mission: catalyse, convene, and coordinate an inclusive, multisectoral response to control, eliminate, and ultimately eradicate malaria.

The RBM Partnership's actions and impact in these next few years will help determine whether the world achieves what we know is possible: succeeding against one of the world's oldest and deadliest diseases.

As I prepare to hand over my reins as Board Chair of the RBM Partnership, I look back with pride on the Partnership's achievements over the past years and extend my warmest thanks to all RBM Donors and Partners for their unwavering support and commitment.

**Professor Maha Taysir Barakat**

Board Chair of the RBM Partnership to End Malaria



Throughout 2022, the RBM Partnership leveraged its resources and technical expertise to strengthen malaria programmes by supporting the development of National Strategic Plans and the implementation of strategies incorporating innovative approaches to overcome challenges while pushing toward the 2025 and 2030 global malaria targets.

The RBM Partnership emphasized the need to address poverty and inequality — factors that increase vulnerability to malaria and are exacerbated by the disease itself. With the Malaria Matchbox equity assessment tool, the RBM Partnership has supported countries in identifying barriers that prevent vulnerable populations from accessing lifesaving malaria interventions.

The RBM Partnership continued to support the implementation of strategies such as *Zero Malaria Starts With Me* campaigns; these country-led initiatives improve malaria responses by encouraging country leaders and local communities to take ownership of their malaria control strategies. Adopting this bottom-up approach helps increase political commitment and accountability, and mobilise funding, all of which can improve the strength of malaria programmes.

To ensure essential malaria services continued with minimal disruptions, the RBM Partnership improved the availability and use of the real-time data displayed on its *RBM Global Malaria Dashboard* data-sharing platform. With these data, the RBM Partnership identified and alleviated potential gaps and bottlenecks in critical malaria-related interventions, such as stock levels of essential malaria commodities. By coordinating support across its partners to mobilise and channel resources to where they were most needed, the RBM Partnership ensured that lifesaving malaria interventions and campaigns, like the Insecticide-Treated Nets and the Seasonal Malaria Chemoprevention campaigns, continued successfully.

A decline in the effectiveness and efficacy of our primary malaria-fighting tools is a significant challenge we must overcome. Rising resistance to insecticide-treated nets and antimalarial drug regimens remains a substantial concern — particularly in Africa. To support the resilience of malaria programmes, WHO published new guidance in

2022, including a new strategy to contain antimalarial drug resistance in Africa; a new framework, developed jointly by WHO and UN-Habitat, to guide city leaders in urban malaria control; and recommendations to stop the spread of *Anopheles stephensi* in urban environments.

Sufficient investment underpins all effective malaria elimination efforts; however, historical trends reveal increasing gaps between investments and the resources needed to fight malaria. These gaps have widened recently, rising from US\$2.6 billion in 2019 to US\$3.8 billion in 2021. Ahead of the *Seventh Replenishment of the Global Fund* — one of the most significant financial malaria resources — the RBM Partnership advocated tirelessly, urging world leaders, governments, the private sector, and philanthropists to contribute generously. The collective voices of partners and the broader malaria community were pivotal in helping the RBM Partnership to deliver a strong and consistent message.

The Kigali Summit on Malaria and Neglected Tropical Diseases (NTDs), convened and hosted by His Excellency Paul Kagame, President of the Republic of Rwanda, in collaboration with the RBM Partnership to End Malaria and the *Uniting to Combat NTDs*, represented a vital moment in the fight against Malaria and NTDs. Heads of state and Government, honourable Ministers, leaders from the private sector, philanthropy, academia, and research, members of civil society and affected communities, youth delegates, and all other stakeholders gathered resolved to meet the current challenges including the Covid-19 pandemic head on, by making firm commitments towards ending these devastating diseases by the end of the decade.

The Seventh Replenishment Conference secured a record-breaking US\$15.7 billion. This accomplishment, while impressive, must be complemented with an additional US\$2.3 billion to meet current needs to sustain existing malaria interventions. The malaria community must therefore persevere in its goal to eradicate malaria and increase efforts to keep malaria at the top of global agendas to secure additional investments.

Achieving a malaria-free world is an ambitious but achievable goal that requires global collaboration, coordinated efforts, and increased funding. With sustained investments and targeted strategies that incorporate innovative solutions to adapt to an ever-evolving landscape of challenges, we will continue progressing and moving closer to our goal of ending malaria for good.

#### **Dr. Corine Karema**

Interim CEO of the RBM Partnership to End Malaria

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The RBM Partnership was launched in 1998 in a concerted effort by the *WHO*, *UNICEF*, and the *World Bank* to galvanise decisive, coordinated, global action to end malaria. The Partnership is an international framework that brings together stakeholders from diverse backgrounds, aligns goals and strategies, and coordinates united action against malaria.

### **Our Vision**

A world free from the burden of malaria

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Photograph by Maggie Hallahan

### **Our Mission**

To convene and coordinate an inclusive, multisectoral response to control, eliminate and ultimately eradicate malaria

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Photograph by John Rae

# RBM Partnership strategic plan 2021–2025

The RBM Partnership developed a five-year (2021-2025) strategic plan to guide activities structured around three strategic priorities implemented through the coordinated actions of all participating partners. The central objectives are focused on national and regional programming, financing, and optimised delivery of new products, techniques, and implementation approaches. The action plan necessary to accomplish these goals consists of several *Strategic Enablers*, including open and timely sharing of quality data and meaningful partner engagement.

*Briefly, the key objectives and priorities of our 2021–2025 Strategic Plan are as follows:*

#### **To optimize the quality and effectiveness of country and regional programming by:**

- Providing support to countries in the design of quality, prioritised programmes
- Supporting countries in the use of real-time subnational data in planning, implementation, and monitoring
- Facilitating timely access to implementation support to address bottlenecks and gaps
- Supporting the building of local management and technical capacity
- Supporting countries to strengthen multistakeholder partnership coordination at the national and subnational level
- Leveraging regional alliances and initiatives to ensure cross-border and cross-sectoral coordination and coherence

#### **To maximise levels of financing by:**

- Advocating for optimised global resource envelopes from existing donors and new channels of financing
- Supporting countries to mobilise and prioritise domestic and other resources for malaria and health

#### **To facilitate the deployment and scale-up of new products, techniques, and implementation strategies by:**

- Promoting and supporting the inclusion of new interventions in the design and delivery of programmes
- Fostering peer learning and knowledge exchange to facilitate deployment and scale-up of new products, techniques, or implementation strategies



Ensuring a healthier future by protecting children and mothers against malaria

**Ending malaria is central to achieving universal health coverage, global health security, and reducing poverty and inequality.**

RBM Partnership Fundamental Belief

#### **Core Functions of the RBM Partnership:**

- **Convene** partners that share the common goal of eliminating malaria
- **Coordinate** these partners by aligning goals, facilitating cooperation, and ensuring common challenges are jointly addressed
- **Mobilise resources** by identifying the highest need and then supporting the distribution
- **Facilitate communication, and identify and address opportunities and challenges** by engaging Partners, discussing individual experiences, and sharing best practices
- **Provide mission-critical support to malaria-affected countries and regions** by offering strategic support where it is needed the most and advocating for increased commitment to ending malaria at the governmental level

# Present challenges

## Half the world is at risk of developing malaria

Despite being a preventable and treatable disease, malaria claimed the lives of 619,000 people in 2021 — most were children under five living in sub-Saharan Africa. This region shoulders the heaviest burden of malaria, and in 2021, 95% of the global malaria cases and 96% of deaths occurred there. Countries with the highest burden of malaria are often the least able to support health services and have suffered the most significant economic impact from COVID-19. Usually, the poorest and most vulnerable communities suffer the worst outcomes.

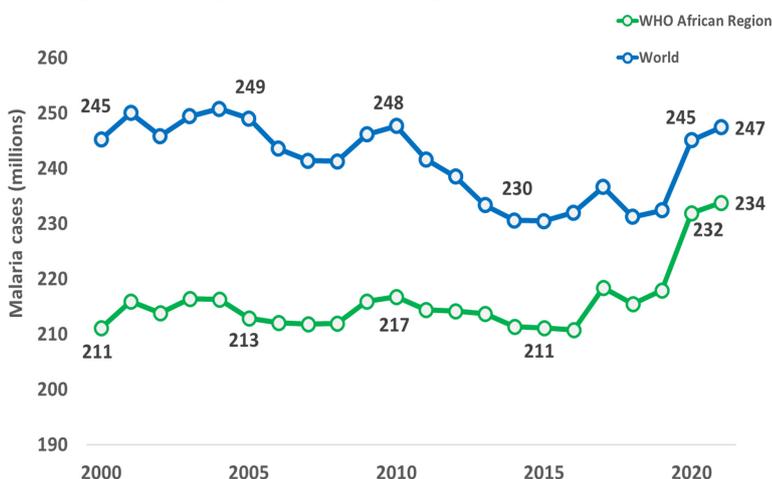
Although malaria deaths have declined substantially over the last decades (from 897,000 in 2000 to 568,000 in 2019), incidence and mortality rates remain unacceptably high. And more concerning, malaria cases have been rising while progress against the disease has stalled, jeopardising our precious gains and threatening our ability to make further progress. Even before the COVID-19 pandemic, progress had been uneven for five years. The rate of decline in malaria cases and deaths in the highest burden countries had slowed significantly due to low coverage of existing malaria interventions, biological threats, population growth, a funding plateau, and competing financial and health priorities.

The COVID-19 pandemic placed unprecedented strain on malaria-endemic countries and their National Malaria

Programmes, causing widespread disruption to supply chains, delivery times, and stock levels of essential malaria commodities such as insecticide-treated nets (ITNs), rapid diagnostic tests (RDTs), and antimalarial medicines. Consequently, there was a sharp increase (13 million more cases) in the incidence of malaria in 2020 compared with 2019. In 2021, there were 247 million malaria cases, 2 million more than the previous year; this suggests that increases in incidence rates are subsiding. Nevertheless, the fact that malaria cases have risen from year to year is a stark reminder that more action is needed. Additionally, the world is now worryingly off course to reach the WHO Global Technical Strategy (GTS) elimination targets, which include reducing global malaria morbidity and mortality by at least 75% by 2025 and 90% by 2030. These targets, while ambitious, are still achievable. But to get back on track, an urgent course correction is needed.

Malaria elimination is possible with determination, perseverance, and access to the right resources; we have already achieved success on multiple fronts. Today, more countries than ever before are malaria-free, with 47 reporting fewer than 10,000 malaria cases. However, we are at a critical inflection point and must remember that malaria kills one child every minute of every day. Half of the world is still at risk, and many young lives are unnecessarily lost.

Number of malaria cases global and WHO Africa Region, 2000-2021



Graph from WHO World Malaria Report 2022

Malaria cases have been rising in the last decade, further exacerbated by the COVID-19 pandemic

## Limiting malaria incidence and death is challenged by multiple factors

The past two years have been fraught with challenges. Several biological threats have emerged, including widespread resistance to the primary insecticide used in nets, partial resistance to artemisinin-based drugs, and the invasion of the *Anopheles stephensi* malaria mosquito vector, which easily adapts to urban environments. In addition to the widening malaria funding shortfalls, these challenges threaten to undermine our progress in conquering malaria. At a time when financial aid is needed most, the economic fallout of global crises, including the war in Ukraine, is being felt everywhere. Countries face the pressures of increased debt, inflation, and global cost-of-living increases that will inevitably affect the poorest and most vulnerable groups. Unfortunately, malaria and poverty are deeply intertwined: malaria hinders economic growth and disproportionately affects the most impoverished communities. In this way, the burden of malaria traps poor communities in a relentless cycle of poverty and disease.

In addition, many malaria-endemic countries have also faced humanitarian crises, including internally displaced

persons (IDPs), flooding, and conflict, sometimes compounded by disease outbreaks. These challenges have put increasing strain on communities, malaria services, and fragile healthcare systems.

Additional complexity is brought about by the fact that many national policies inadvertently result in barriers that prevent the most vulnerable from accessing essential life-saving malaria resources. Reducing these inequities by tailoring and targeting malaria prevention and treatment strategies is crucial to serving the most vulnerable and in need. Effective malaria responses must consider human rights, eliminate gender-based injustices, and address other social and political barriers.

Together with malaria-affected countries and partners, the RBM Partnership has mobilised substantial investment to support malaria-elimination efforts over the years. This has significantly expanded access to life-saving tools and enabled the launch and scale-up of innovative tools such as new generations of long-lasting insecticide-treated mosquito nets and malaria vaccines. It is clear that by working together, a malaria-free world is attainable.

The benefits of eradicating malaria will far outweigh the investment needed to achieve it. Aside from the clear advantage of improving and saving countless lives, eliminating malaria will also propel us toward achieving many Sustainable Development Goals, including education, poverty, and gender equality.

Amid the many challenges, we must remember that we can make a difference together. Using our collective voice, we can keep malaria high on political and developmental agendas and secure the global support we need to end this disease for good.



Diverse risk factors and barriers affect health equity in the context of malaria

# RBM Partnership activities

In 2022, the RBM Partnership dedicated substantial effort and resources to address significant challenges hampering the success of malaria programmes. Focus areas included advocacy and resource mobilisation, technical support to malaria-affected countries for strategy development and deployment of innovative malaria interventions and approaches.

The RBM Partnership strived to maintain malaria as a priority agenda item for high-level discussions in governmental and global health forums. It achieved this goal by organising and participating in key malaria advocacy campaigns; the key messages shared during these events were strengthened by the collective voices of partners and the international malaria community. Despite the many challenges in the past two years, the RBM Partnership has provided stability and hope by improving strategies, reducing disruptions, coordinating partners, and urging support from world leaders, governments, the private sector, and philanthropists.

## Driving increased malaria funding

The stalled progress against malaria and the increase in annual numbers of affected individuals has coincided with a plateau in malaria funding. The risk of reversing progress increases as the gap between need and investment widens.

**The Country Gap Analysis for the 2022-2023** period was compiled and available on the Global Malaria dashboard on the RBM website. The analysis was updated based on additional data from the RBM/CRSPC sub-regional meetings with countries and partners. The updated gap analysis indicates that programmatic and financial gaps have increased over the year. About a 40% funding gap is observed compared to the total global cost of the National Strategic Plans (NSP) (2021 - 2023), which is US\$11.9B. The highest commodity gap is 50% observed in indoor residual spraying (IRN), and the gaps in ITN, case management, and Seasonal Malaria Chemoprevention (SMC) commodities range from 15-25%. In 2022, the RBM partnership worked to ensure that the gap analysis remains up to date and has championed that the Global Fund's portfolio optimisation directs resources to fill gaps in essential life-saving services, including in Pakistan, the Central African Republic, and Uganda, with work ongoing to fill other key gaps. RBM also highlighted the critical gaps that have been successfully filled, for example, for ITNs through the Against Malaria Foundation.

To tackle this critical issue, RBM and its partners worked diligently to secure the maximum possible funding to support malaria elimination efforts.

## Advocating for increased funding

The *Seventh Replenishment fundraising cycle* of the Global Fund was launched in September 2022. Funds secured through this mechanism constitute one of the most significant financial resources to combat malaria. To maximise financial contributions to the *Global Fund*, the RBM Secretariat and three RBM Partner committees, the *Advocacy & Resource Mobilization Partner Committee* (ARMPC), the *Country and Regional Support Partner Committee* (CRSPC), and the *Strategic Communications Partner Committee* (SCPC), worked collaboratively to amplify the Global Fund's investment case and advocate specifically for malaria funding. They developed and

launched a communications strategy and social media and messaging toolkits to drive partner activity around the Replenishment throughout 2022 in donor and implementing country markets. They also organized and participated in large events, global publications, media campaigns, and open letters to raise global attention and urge funding commitments from world leaders, the private sector, and philanthropists.

Key advocacy achievements in 2022 are outlined below.

- **The Kigali Summit for Malaria and Neglected Tropical Diseases, 23 June 2022:** This event, hosted and organised by the Government of Rwanda in collaboration with the *RBM Partnership*



Global leaders meet at Kigali Summit on Malaria and Neglected Tropical Diseases, 2022

and the *Uniting to Combat Neglected Tropical Diseases* organisation, was instrumental in securing a commitment from Commonwealth malaria-endemic countries. The summit coincided with the *Commonwealth Heads of Government Meeting* (CHOGM) and was attended in-person and online by over 2,000 individuals, including several world leaders. The RBM Partnership worked with the Neglected Tropical Diseases (NTD) community to promote media engagement and deliver materials, including three press releases, the [malariantdsummit.org](http://malariantdsummit.org) website, joint key messaging, creative content for the summit itself, a partner toolkit with a large variety of social media assets, and a roundup of the key highlights.

The event generated funding commitments of:

- US\$2.1 billion to the Global Fund during 2021-2023
- Over US\$4.25 billion to fight malaria and neglected tropical diseases
- **Global Fund Replenishment events** in New York, Berlin, Yaounde, and Paris, called for action from world leaders and partners to support a fully replenished Global Fund to sustain malaria interventions and fund

malaria gaps. These events received media attention and propelled a wave of social media discussions.

- **Global Fund Replenishment event WHO AFRICA Regional Committee** organised by the Global Fund in collaboration with the RBM Partnership called on African Ministers of Health and partners to urgently increase malaria-endemic countries' commitments to the Global Fund Partnership, calling on them to take ambitious steps towards securing a successful replenishment of the Seventh Global Fund with a 30% increase over their pledges to the Sixth Replenishment.
- **A communiqué was signed by eleven leaders from five G7 countries and the European Commission**, including former U.S. Senators (both Senate Majority Leaders), Ministers, Secretaries of State, and Commissioners, and contained a reference supporting a successful replenishment.
- **Support for the Global Fund Advocates Network (GFAN)** through the ARMPAC by contributing malaria messaging to global advocacy documents like the GFAN advocacy briefs and participating in and amplifying partner and advocacy activities.



Global Fund Seventh Replenishment Conference in NY, USA

- **At the G20 Health Ministerial and Joint Finance-Health Ministerial meetings**, many G20 members, including G7 countries, underlined the importance of a successful Seventh Replenishment.
- **The Global Fund Seventh Replenishment Conference hosted by the Government of the United States:** In an unprecedented show of global solidarity, donors at the conference pledged [US\\$14.25 BILLION for the next three years](#) – the most considerable amount ever raised for a multilateral health organisation.

## Engaging the malaria community

In preparation for the Global Fund Grant Cycle 7 (2023-2026), the RBM Partnership, through its CRSPC and partners are, providing a comprehensive package of support to countries and sub-regions based on a tried and tested country-led approach to ensure timely submission of high-quality funding proposals and to avoid gaps in implementation. In 2022, they delivered two back-to-back orientation workshops attended by 53 malaria-endemic Ministries of Health and National Malaria Control Programme representatives in Africa, the Americas, and the Asia Pacific region.

Other key activities in 2022 included:

- **Supporting MOSASWA in developing their Global Fund catalytic funding application**, which they successfully submitted.
- **Supporting Tanzania in domestic resource mobilisation** and advocacy for malaria and facilitating multi-sectoral engagement in malaria control.
- **Supporting Eswatini in conducting a gap analysis** of the malaria strategic plan and costing for resource mobilisation through their End Malaria Council.
- **Supporting Kenya and the EAC in developing advocacy guidelines** and tools.



Economies are strained. Malaria cases are rising. Funding is limited.

## Raising our collective voices to urge increased funding

To keep malaria high on the global health and development agendas, the RBM Partnership develops and facilitates the amplification and use of key messages. In 2022, an overarching messaging document was created to support the community's priority goal of **achieving a fully replenished Global Fund**. Impactful messages that were used included:

- A fully resourced Global Fund is critical to ending malaria, advancing health equity, and building resilient health systems.
- A full replenishment could reduce malaria cases by 66% and deaths by 62% and eliminate malaria from at least six countries by 2026.

These messages were used throughout the year in all communications activities and partner campaigns to deliver consistent messaging, including key themes such as malaria and gender and malaria and innovation. Additional supporting messages were also created for events such as World Malaria Day to highlight key partner achievements in innovation and country-led financing.

Partners were aligned to use key messages and drive communications activities throughout the year. Campaign toolkits were developed in collaboration with SCPC partners to issue key messaging and visual assets and provide mechanisms for partners to share these through their communications activities. Key highlights achieved through the development of these materials included:

- **20+ partners** used posts lifted from the World Malaria Day toolkit, and its suggested hashtags were used >7500 times.
- **2,300+ partners** viewed the World Malaria Day toolkit.
- **883 partners** accessed the World Mosquito Day 'Count Me In' campaign toolkit.
- A scientist-focused toolkit engaged **20+ high-profile scientists**, including the WHO Director-General and Dr. Fredros Okumu, to engage in the Global Fund Replenishment campaign.
- **Seven thousand eight hundred fifty-six partners** received the Global Fund Replenishment Conference toolkit.



Partnership coordination provides a forum to foster ownership and accountability to better support countries to end epidemic diseases

In 2022, the RBM Partnership received over 181 mentions in target media. Several high-profile media opportunities were secured around major events/announcements, including:

- Comment from RBM Partnership Interim CEO placed in various target media outlets, including Devex, Reuters, The Indian Express, La Tribune Afrique, Voice of America radio, and Nature.
- 156 positive message coverage was secured across 17 countries and in three languages around the Kigali Summit.
- The Partnership's commentary around the Global Fund Replenishment included interviews with Nature, AllAfrica.com, RFI, France Culture, Canal+ Afrique, and open letters in Politico, Le Monde, Libération, and the Journal de Dimanche.

The Seventh Replenishment fundraising cycle resulted in a record-breaking **US\$15.7 billion**. Although this is a remarkable achievement, particularly considering global economic difficulties, this falls short of the US\$18 billion target set by the Global Fund. This amount was the **minimum** required to get the world back on track to end significant health challenges, including malaria.

As the costs of health commodities are rising with unprecedented speed, delivering and expanding essential malaria interventions with constricted financial resources will be challenging. To ensure that the global communities in need are adequately supported, it will be crucial to use malaria resources efficiently, effectively, and equitably.

## Supporting countries to implement effective programmes

To move closer to our goal of eradicating malaria, national and regional malaria control programmes must be effective. Strategies must be well-managed, tailored to local challenges, efficient at collecting and using real-time data to guide decision-making, and designed to remove barriers that prevent access to malaria interventions. Regular programme reviews and adaptation to new and emerging challenges are crucial for continued success.

The RBM Partnership has leveraged its knowledge and technical expertise to improve malaria programmes through long-term international and national consultants who carry out national and regional support in malaria control and elimination programmes. Grants are also provided to facilitate the engagement of in-country stakeholders.

In 2022, technical support was provided to over 33 countries and five regional economic communities (RECs) and included diverse forms of support.

### Types of support

- Evaluation of existing systems to deliver interventions through Malaria Programme Reviews and identifying solutions for bottlenecks and barriers.
- Development of national or regional malaria control and elimination strategic frameworks ensures they align with broader health and development agendas and facilitates resource mobilisation.
- Incorporation of new innovative approaches and best practices into strategic plans (e.g., leverage novel measures to overcome COVID-19-related challenges).
- Coordination of resource mobilisation initiatives for a sustained malaria response in the regions.
- Barrier identification and removal through Community, Rights, and Gender assessments, leading to improved and equitable access to malaria services.

### RBM Partnership support to regional economic communities

During the year, the RBM Partnership provided support to the four African Regional Economic Communities (RECs), the Economic Community of Central African States (ECCAS), the Southern African Development Community (SADC), the East African Community (EAC), and the West African Health Organisation (WAHO), to develop regional malaria elimination strategies.

The following significant activities were implemented in coordination with the RECs:

- Establishing baseline data on malaria to inform the region's strategy, policy, and programming.
- Coordination of resource mobilization initiatives for a sustained malaria response in the regions.
- Operationalising the Great Lakes Malaria Initiative.
- Establishing the East Africa Malaria Elimination Programme.
- Planning and reviewing the Sahel Malaria Elimination Initiative.

Similarly, the RBM supported the South East Asia Region in coordinating the malaria elimination effort in the cross-border areas through the grant provided to the South East Asia Regional Coordination Mechanism Forum, which has been engaged in providing such support for the region.

The RBM's support has helped RECs mainstream malaria in their political and development agendas, including at the Head of State, ministerial and technical levels. By continuing to adapt and improve malaria programmes, we can accelerate progress toward eradicating malaria.



RBM Partners supported African Regional Economic Communities to develop elimination strategies and improve malaria programmes

## RBM Partnership addressing gaps and bottlenecks

Throughout 2022, the RBM Partnership and the CRSPC continued to update the RBM Partnership tracker, which monitors stock-outs, campaign status, and general bottlenecks, enabling them to support several countries and regions to ensure that their malaria control programmes ran smoothly. Vital malaria interventions and campaigns (ITNs, Indoor Residual Spraying [IRS], and SMC campaigns) were successfully implemented.

Gaps in coverage and operational bottlenecks were identified and resolved, including commodity stock-outs, planning, and re-organisation of malaria campaigns to ensure they were carried out on time while respecting the necessary COVID-19 infection prevention measures in-country. Some critical issues countries highlight include the increasing costs of core commodities, particularly ITNs (linked to increasing oil prices), and how to address the increased shipping and distribution costs. Increased commodity costs can be supported by reprogramming malaria grants if sufficient resources are available, whilst the increased delivery costs can be supported through reprogramming both the malaria grants and the *COVID-19 Response Mechanism* (C19RM) funds. RBM communicated with all malaria control programmes highlighting areas to prioritise through C19RM reprogramming, including support to cover the increased shipping and delivery costs, strengthening monitoring and evaluation, and strengthening community systems.

**The commodity stock-outs in 2022 improved compared to the previous year. The number of countries with less than three months of stocks of either ACTs and/or RDTs reduced from 13 to 5 at the end of Q4 of 2022.**

The RBM Partnership and the CRSPC worked with the Global Fund Secretariat to prioritize filling core gaps through portfolio optimisation at the country level, especially in malaria case management and ITN campaigns. To this end, awards have been made to Uganda, Zambia, the Central African Republic, and Pakistan. Emergency Funding has also been provided to Pakistan in response to their flooding emergency.

The RBM Partnership directed human and financial resources to areas of highest need directly or through its in-country, regional, or global partners. This was supported by quarterly data initiative calls with stakeholders to discuss updates, issues, and necessary actions.



Indoor residual spraying and other malaria interventions were successfully implemented with support from the RBM Partnership

Specific metrics and accomplishments related to RBM and CRSPC activities include:

- **65 cases of technical support** were provided to **33 malaria-affected countries** and **three RECs** to support different areas of malaria interventions 2022. The support enabled countries to successfully implement key malaria interventions, with **81%** of all planned malaria campaigns on track. **All** SMC campaigns and **over 78%** of IRS campaigns were implemented as planned. The support also enabled the Ministries of Health and the regional entities to resolve the malaria implementation bottlenecks, especially during the COVID-19 pandemic.
- **36 support missions assisted 15 countries** (Angola, Benin, Burkina Faso, Burundi, CAR, Chad, Congo, Guinea, Guinea Bissau, Haiti, Pakistan, Senegal, Sierra Leone, Sudan, and Uganda) with the planning and implementation of their ITN mass campaigns through international consultants in collaboration with the *Alliance for Malaria Prevention* (AMP). As in 2021, the majority, **over 83%**, of the ITN campaigns for 2022 took place as planned, although delays in delivery led to some delays in operations.
- **282.7 million** nets were distributed (more than ever before), despite the ongoing impact of the COVID-19 pandemic. With support from the AMP, these included **59% pyrethroid-piperonyl butoxide (PBO) dual nets** to combat insecticide resistance.

## High-Burden to high-impact approach

The RBM Partnership provides a platform to engage the malaria community in coordinating support to countries and regions as they execute their malaria control and elimination programmes. The High Burden to High Impact (HBHI) approach is a country-led response promoted by the WHO and the RBM Partnership to accelerate progress toward malaria elimination. As of April 2022, 12 high-burden countries had adopted HBHI, including Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana, India, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda, and the United Republic of Tanzania.

In 2022, the RBM Partnership, the CRSPC, and the WHO jointly evaluated the HBHI approach in six countries. The purpose of this evaluation was to document the lessons learned, best practices, and challenges encountered in implementing the HBHI approach, consider how the approach can be further improved, and address the current context and challenges and be expanded to other countries.

The key lessons learned and best practices included:

- *Zero Malaria Starts with Me* campaigns were launched in nine HBHI countries.
- Several countries including Tanzania and Ghana have enhanced parliamentary engagement in malaria-related issues.
- Tanzania, Cameroon, and Burkina Faso are nearing the completion of launch campaigns to keep malaria high on the national financing and development agenda.
- Sub-national stratification in all HBHI countries has been mainstreamed into National Strategic Plans (NSPs) and Global Fund funding applications.
- Enhanced resources have allowed a switch to PBO nets and the expansion of seasonal malaria chemoprevention (SMC) and community health workers.

Following their positive evaluation, the evaluation recommended extending the HBHI approach to other malaria-endemic countries.



Children received antimalarial drugs through campaigns supported by RBM Partners

## Improving access to and use of real-time data

Real-time data is crucial for monitoring our progress against malaria and ensuring that progress continues without disruption. The RBM Global Malaria Dashboard provides a resource that displays real-time information on critical areas relevant to malaria control and elimination efforts. As a publicly-accessible data-sharing platform, it enables the malaria community to react and adapt to changes and trends: it facilitates informed decision-making, improves partner coordination, and allows the timely resolution of potential gaps and bottlenecks, thereby supporting robust, effective, and reliable responses to combat malaria.

The data are collected from multiple countries through the RBM Partnership, donors' databases, and other partners such as the *United States Agency for International Development* (USAID), the *President's Malaria Initiative* (PMI), *WHO*, and the *Global Fund*. These data are then collated and triangulated across sources and published on the RBM website as Dashboards after a rigorous quality assurance process. Quarterly calls involving different stakeholders facilitate the dissemination of critical gaps and bottlenecks identified by the Dashboards and the joint resolution of identified issues.

### Four new global malaria dashboards to improve data visibility and responses

The Global Malaria Dashboard includes ten publicly-available dashboards displaying essential information, including the status of various campaigns, supply chain updates, commodity stock levels, and gaps in funding and coverage.

In 2022, the RBM Partnership added several new features to its data-sharing platform to improve usability. These improvements included new visual representations of historical trends in commodity distribution (e.g., ITNs, Intermittent Preventive Treatments [IPTs], and IRS), and four new dashboards. The ten publicly-available dashboards are listed below with the 2022 updates.

- **The Campaign Dashboard** overviews the number of planned campaigns by the intervention (long-lasting insecticidal nets [LLIN], IRS, and SMC), their status by country, and their primary targets. In 2022, new visualizations were added showing global and by country historical trends on the number of sprayed households, the number of pregnant women receiving intermittent preventive treatment (IPTp), and the number of nets distributed in mass campaigns.
- **The Supply Chain Dashboard** enables decision-makers to visualise integrated data related to stock levels of key commodities across countries and the status of deliveries. It currently targets essential commodities for WHO-recommended methods for malaria diagnostics (Rapid Diagnostic Tests [RDTs]), treatment (artemisinin-based combination therapy [ACTs]), and also prevention tools such as SMC and LLIN.
- **The Global Fund Dashboard** displays a global and country-specific overview of the cumulative funding provided to eligible countries to support their National Strategic Plans (NSPs) to fight and eliminate malaria and the way the funding is split into prevention, diagnostic, and treatment or as a function of the population at risk for malaria. Diverse visuals and tables provide key information for malaria active grants, including the cumulative (until the previous quarter) percentage of the grant planned budget that has been effectively disbursed, which can be interpreted as a proxy for grant absorbance.
- **The Country Technical Support Dashboard** provides real-time information on technical assistance provided and requested by countries in support of their fight against malaria and their progress status by country.
- **The Epidemiology Dashboard** presents some global and regional malaria data and trends taken from the WHO Global Malaria Report. It is updated yearly following the Reports publication.
- **The Programmatic and Financial GAP Dashboard** outlines the complete programmatic requirement needed to fully implement a National Malaria Control Programme (NMCP) strategic plan. It also identifies already funded components and highlights the outstanding financial gaps for which funding is sought. The analysis covers key malaria control interventions, including vector control.



A map of the Malaria Surveillance Projects by region, as displayed on the Surveillance Projects Dashboard

The following four dashboards were newly released in 2022:

- The Commodities Forecasting Dashboard** shows projections of vector control and case management-related malaria commodity procurement volumes (until 2024). The Global Malaria Commodities Forecasting Consortium developed outputs.
- The Surveillance Projects Dashboard** is an overview of all malaria surveillance projects worldwide designed to help national malaria control programmes and other stakeholders make informed decisions about where to focus their efforts to achieve the most significant impact. It offers real-time data and information such as the number of reported malaria cases and deaths and the effectiveness of interventions. This resource was created by the RBM's Surveillance Management and Evaluation Reference Group (SMERG) to increase awareness regarding malaria surveillance initiatives among stakeholders.
- The Weather Forecast Dashboard** depicts predictions of precipitation and temperature for the next season (four months) to anticipate needs and prepare communities for weather-related challenges likely to affect malaria transmission rates and control efforts. Estimates are based on seasonal climate forecasts developed by the International Research Institute for Climate and Society.
- The Malaria Data Repositories Dashboard** offers vital information and updates from diverse malaria organisations, including the *Alliance for Malaria Prevention (AMP)*, the *African Leaders Malaria Alliance (ALMA)*, The Gates Foundation, the *Institute for Health Measures and Evaluation (IHME)*, *The Global Fund*, and many others.

## Rallying for community engagement and ownership

The effectiveness of most tools and resources used to fight malaria largely depends on community acceptance, participation, and ownership. Actively engaged populations increase the uptake of interventions, particularly among marginalised groups less likely to access or use malaria services due to their gender, religion, income, ethnicity, age, or household location. Engaged communities are better equipped to identify and communicate specific needs, allowing strategies to be tailored to local requirements. Participation in bottom-up approaches that promote political commitment and stimulate private-sector engagement enables societies to contribute to measurable improvements in malaria responses actively. However, these strategies are still underexploited in many countries despite their benefits.

### Zero Malaria Starts with Me Campaigns

*Zero Malaria Starts with Me* is a grassroots campaign by the RBM Partnership and the *African Union Commission*. This initiative aims to empower communities to actively engage in the fight against malaria by providing a bridge to political decision-makers and the private sector. The campaign seeks to reinvigorate existing political commitment, accelerate action, mobilise resources, and increase stakeholder accountability in eliminating malaria in Africa by 2030.

In 2022, the RBM Partnership celebrated the fourth anniversary of the campaign, including several notable developments:

- **Five new countries** joined the movement: Cabo Verde, Cameroon, Malawi, Mali, and Namibia.
- The RBM Partnership supported **27 countries** in launching local campaigns.
- **Nine High-Burden High-Impact** countries established *Zero Malaria Starts with Me* campaigns.



Image from [nmecc.org.zm](http://nmecc.org.zm)

Engaged communities that assume ownership are critical to effective malaria prevention and management

### Zero Malaria Business Leadership Initiative

Private-sector involvement in malaria control and elimination efforts can invigorate national goals by fostering collaborations with additional multisectoral partners and resources. In March, **Ecobank Uganda** launched the **Zero Malaria Business Leadership Initiative (ZMBLI)** to engage and mobilise the private sector, highlighting their commitment to ending malaria.

### Zero Malaria Starts With Me – Draw The Line Against Malaria

The RBM Partnership launched its second instalment of the **“Zero Malaria Starts with Me – Draw the Line Against Malaria”** campaign. This global initiative aims to inspire Africa’s youth, representing **over 70% of the African population**, to take action. By encouraging young people to drive innovation, advocate for funding, and push for political commitment, the campaign aims to achieve the bold target of ending malaria within a generation.

### Civil society engagement

The engagement of civil society in ending malaria is crucial for the success of comprehensive efforts to combat the disease. Civil society organizations (CSOs) play a significant role in raising awareness, mobilizing communities, advocating for policy change, and supporting interventions that contribute to reducing the burden of malaria. With the support of Impact Santé and the Civil Society for Malaria Elimination (CS4ME), the RBM Partnership has engaged civil society and local communities in malaria-related activities in Africa and Asia. They have been involved in awareness campaigns, community mobilization, advocacy, capacity building, monitoring and evaluation, research and innovation, partnerships, and more to end malaria.

## Multisectoral engagement

During the year, the RBM Partnership coordinated with the UN Foundation and PAHO to develop and host a launch event for a Spanish translation of the *Multisectoral Action Guide to End Malaria* with an enhanced focus on the malaria fight in Latin America and the Caribbean (LAC). The launch event included *Zero Malaria Starts with Me*-branded videos highlighting success stories of multisectoral action in LAC.

The RBM Partnership, through its MSWG, developed and launched the Multi-Sectoral Framework documents: RBM Multisectoral Action Guide to End Malaria (completed), and RBM Comprehensive Multisectoral Action Framework- Malaria & Development, in collaboration with UNDP and UN Habitat.

## Additional efforts to increase community engagement

- Cultural, community, and civil society organisation champions contributed to many of the RBM Partnership's key communication activities throughout the year, amplifying fundamental messages and increasing community awareness and interest in malaria eradication strategies. Examples of malaria champions who have played defining roles include:

**Fatimata Sy**, Executive Secretary, *Senegalese Association of Women and Children's Futures*.



- **Farida Tientore**, President, *Heroines du Faso*.
- **Hamza Djibo**, *Civil Society for Malaria Elimination (CS4ME)* champion, Niger.
- **Luis Figo**, *Zero Malaria Starts With Me* champion and former Portuguese footballer.
- The **Draw the Line campaign** content featured a range of champions from the worlds of culture, music, and sport, as well as technical experts. Many champions were also engaged in a series of open letters in the lead up to the Global Fund Replenishment – including a letter from former G7 leaders around the G7 published in *Politico*, civil society voices featured in the *Journal de Dimanche*, as well as a range of francophone talent featured in a letter published by *Libération* on the day of the diaspora event held in Paris.
- **Africa Civil Society and Community Health Workers Training on Malaria Advocacy, May 2022**: Dr. Corine Karema — Interim CEO of the RBM Partnership — participated in a training workshop organised by *Impact Santé Afrique*; the session aimed to encourage civil society and community health workers in Anglophone Africa to use their voices to advocate for malaria control and elimination.
- **Youth engagement** continued through the Cross-PC workstream, including featuring youth champions at the Kigali Summit and the Global Fund Replenishment events, and in *Zero Malaria* campaign activity. Youth champions were also engaged to support media activity on International Youth Day – including facilitating an open letter to world leaders which generated 415 signatures - and proposed a plan for their future engagement. The SCPC also supported the development and launch of a new *Youth Malaria Conversation Guide* developed by the *African Union (AU) Commission*, which was started in 2021.

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Youth are increasingly cultivating their role as community change agents in the malaria response



It is time to bring an intentional gender lens to the fight against malaria

- A range of **high-profile leaders** were engaged to participate in the Kigali Summit, including HRH the Prince of Wales (United Kingdom), President Paul Kagame (Rwanda), and Dr. Daniel Ngamiye, Minister of Health for Rwanda. High profile opinion pieces were also published in partnership with The Global Fund, ALMA, and End Malaria Council with President Kenyatta (Financial Times) and Ellen Johnson Sirleaf (Daily Telegraph).
- **26th Extraordinary Organization of African First Ladies for Development (OAFLAD) General Assembly, June 2022:** The RBM Partnership attended at the opening session and at the “Health Financing for Sustainable Development in Africa” event. The Interim CEO used her voice to advocate for First Ladies engagement and involvement in the fight against malaria as First Ladies of Africa seek to leverage their unique position to advocate for policies that make health services accessible and laws that boost women and youth empowerment.
- **8th Pan-African Mosquito Control Association (PAMCA) Africa Annual Conference, September 2022:** The Interim CEO joined the Rwanda Minister of Health and partners to open the conference under the theme “Harnessing local institutions and community support for the elimination of vector-borne diseases.” The Interim CEO also joined the roundtable on women in vector control, where she shared her experiences and advice for women working in malaria & VBDs research and elimination programs.
- **International Conference on Public Health in Africa (CPHIA), 2 December 2022:** Organized by the Government of Rwanda with Africa CDC and AMREF, on behalf of RBM Partnership. Dr. Karema talked about the end role and the importance of investing in malaria elimination, as part of an integrated health agenda that strengthen primary Health Care systems and drive innovations to leave no one behind.
- **International Women's Day, 8 March 2022:** The RBM Partnership, through the RBM/SCPC, coordinated a social media campaign for International Women's Day, supported by a campaign toolkit – which celebrated the role of women in the fight against malaria.
- **Africa Day, 25 May 2022:** The RBM Partnership launched the second part of the ‘Zero Malaria Starts with Me Draw The Line Against Malaria’ campaign, developed by RBM/SCPC partners. The content was made available with key messaging in a social media toolkit for partners to share and amplify the campaign.
- **International Day of the Girl Child, 11 October 2022:** The SCPC delivered a social content campaign that featured a range of gender-focused partner activities and initiatives and provided partners with assets to amplify on social channels.

## Fighting for equity

Access to malaria prevention and treatment interventions is a human right. And yet, many people — often the most vulnerable — face obstacles and barriers that prevent them from accessing life-saving interventions. These biological, social, economic, cultural, and gender-related inequities can influence malaria prevalence and undermine effective responses. Furthermore, as malaria exacerbates poverty, these disadvantaged groups can become trapped in a constant cycle of inequality.

The RBM Partnership's *Malaria Matchbox Tool* is an equity assessment tool that is helping countries to identify populations that face barriers to malaria prevention and treatment and are at high risk of experiencing severe malaria outcomes. Identifying inequalities is crucial for developing tailored approaches to increase the reach and uptake of malaria services by underserved populations. This strategy will strengthen malaria responses and advance our objective of meeting *Sustainable Development Goals*, including achieving universal health coverage, promoting equity, and reducing poverty.

### Community, rights, and gender assessments

The RBM Partnership supported Community, Rights, and Gender (CRG) Assessments in several countries using the following approaches:

- Leveraging the *Malaria Matchbox Tool* to identify **five countries** (i.e., Burkina Faso, Central African Republic, Democratic Republic of Congo, Senegal, and Uganda) as those prioritised to conduct CRG assessments to identify and address the barriers that affect access to malaria interventions.
- Supporting CRG assessments for several countries, including Burundi, that undertook *Malaria Matchbox Tool* self-assessments.

In 2022, the RBM Partnership and the CRSPC also documented the malaria matchbox implementation best practices. They looked at the experiences of India, Niger, Nigeria, Rwanda, Zimbabwe, Ghana, Somalia, and the Elimination 8 countries.



### Development and delivery of community, rights, and gender training

To increase the awareness and understanding of the importance of CRG considerations in malaria strategies, the RBM Partnership developed and delivered training modules, including:

- Online CRG training modules for CRSPC technical assistance consultants to build capacity and enable them to incorporate CRG-based considerations into the support and education they provide to countries. Several consultants and others have completed the online CRG training modules and were certified.
- CRG modules for Malaria Programme staff and partners.
- The final version of the two training tools are available online at [endmalaria.org](http://endmalaria.org).
- CRG training workshops were also delivered during the sub-regional *Malaria Programmes and Partners* meetings, which were attended by diverse malaria partners and representatives from nearly all East, South, West, and Central African countries.

The support provided by the CRSPC throughout the year is expected to improve the quality, effectiveness, and outreach of malaria responses.

## Ensuring unified coordination: sharing information and aligning priorities

The RBM Partnership organises and participates in regular meetings to share and convey important information to its partners. These sessions ensure that key messages are communicated widely and effectively, enabling strategies to be aligned and actions to be coordinated.

### Sub-regional Malaria Programmes and Partners meeting

The RBM Partnership, through the CRSPC, organised four in-person sub-regional Malaria Programmes and Partners meetings to provide the opportunity to engage, discuss emerging needs and provide vital information to representatives from nearly all countries in each sub-region of East, South, West, and Central Africa. Representatives from multiple malaria partners also participated. During these meetings, attendees received information focused on the following:

- Best practices and challenges in mitigating the impact of COVID-19 on malaria interventions.
- Current malaria prevention policies and updates from the WHO and other partners to guide new malaria strategies and plans.
- Updates regarding the Global Fund application process.
- Outcomes from the most recent gap analysis.

In addition, the technical assistance needs for 2022/2023 were discussed, and a CRG training session was delivered to highlight the importance of removing barriers and increasing equity in malaria programmes and strategies.

The Countries and partners provided very positive feedback on the meetings, and the technical presentations were ranked highly. The meeting presentations and reports are available on the RBM website at [endmalaria.org](http://endmalaria.org).

### RBM malaria partners breakfast

In September 2022, the RBM Partnership through the ARMPC organised an *RBM Malaria Partners Breakfast*. This event was held alongside the *77<sup>th</sup> Session of the United Nations General Assembly (UNGA 77)* and the *Seventh Global Fund Replenishment Conference*. This meeting allowed the RBM leadership team to re-engage partners and share Partnership updates, including the achievements from 2021–2022. In addition, the group discussed potential

outcomes of the Global Fund Replenishment Conference and future Partnership's priorities and actions to support countries and get back on track to achieve global malaria targets.

### Commonwealth Malaria Report Launch

The RBM Partnership, alongside *Malaria No More UK* and *ALMA*, supported the development of the *2022 Commonwealth Malaria Report* — a document published in May that was circulated to all Commonwealth stakeholders and featured a commentary from Dr. Abdourahmane Diallo, former CEO of the RBM Partnership.



Image from The 2022 Commonwealth Malaria Report

“Nearly half the countries in the Commonwealth remain malaria-endemic, and just three of our countries make up over a third of the global burden.”

Baroness Scotland, *Secretary-General The Commonwealth*

### World Malaria Report Launch

The launch of the 2021 World Malaria Report provided a significant opportunity to amplify key messages on the fight against malaria. Communications activity led by the Secretariat included global media outreach with an RBM statement and interviews managed with the

WHO and broader partners, a partner toolkit, and opened opportunities. As a result, 847 pieces of coverage mentioned the World Malaria Report with 27% of all coverage, including the RBM Partnership.

## Strengthening malaria affected-community representation and accountability to our community

The RBM Partnership Board initiated a governance review in May 2022 in response to growing calls for the partnership to reflect a changing global health landscape. The Governance review consisted in the redesigning of the Board representation, the Secretariat functions and structure and the update of the RBM bye-laws to ensure clarity in the role and responsibilities of diverse organs of the RBM Partnership architecture.

Following consultation with representatives of malaria affected countries and key malaria partners, the functional review and revised structure of the RBM Secretariat was approved by the Board in the July and September Board meetings.

This year, the RBM Partnership to End Malaria was delighted to announce the appointment of two new Co-Chairs of the RBM Partnership to End Malaria's Partner Committees. Ms Olivia Ngou and Ms Dimple Natali stepped into the roles of ARMPC Co-chair and SCPC Co-chair, respectively. Both brought extensive experience in healthcare research, communications and advocacy to the RBM Partnership. As advocacy and communications represent two crucial pillars of the RBM Partnership's work, their talent, skills, knowledge and experience will strengthen RBM's work and role in ending malaria. Both contribute outstanding leadership credentials, a passion for improving global health, and crucial perspectives from two malaria endemic regions at different stages of the elimination journey.

In May, the RBM Partnership welcomed the re-election of Dr. Tedros Adhanom Ghebreyesus as the WHO Director General. WHO leads global efforts to expand universal health coverage. WHO is the lead technical partner in health and provides policy guidance and technical assistance to malaria-affected countries to address current and future challenges for a healthier world.

In August, the RBM Partnership welcomed the new U.S. Global Malaria Coordinator, Dr. David Walton, as all efforts to end malaria faster will benefit from his experience of building partnerships, expanding access to care, and

reaching remote populations. Launched in 2005, PMI provides vital support and resources in the fight to end malaria.

The RBM Partnership Board brought together over 130 partners to discuss several key changes to the Board's composition. Following over five months of extensive consultation with partners and key stakeholders, the new governance structure represents a key juncture for the RBM Partnership, further strengthening representation and accountability to the global malaria community. As a result, the Board adopted four decisions to reorganize itself, enabling increased engagement with malaria-affected communities and other segments of the malaria community.

The Board adopted a new hybrid Board structure, with a combination of representational constituency-based and independent seats. The hybrid structure is expected to allow the Board to leverage key perspectives from across the global malaria community while also ensuring the Board has access to expertise and independent voices. Allocation of seats were designed to ensure proportional geographic, based on epidemiological burden and complexity, and sector representation on the Board. This highly representational new Board includes individuals with deep expertise and experience at a senior decision-making level, as well as representation from across the Partnership, including malaria-affected countries, private sector, civil society, donor funding organisations, and entities outside the malaria and health sectors.

The new Board composition and other aspects of the operations and functioning of the new Board were included in an updated version of the Bye-Laws that the then Board endorsed at its 26<sup>th</sup> Meeting. The provisions on Board member selection and nomination in that version guided the process of identifying representative Board members from constituencies, governments, and organizations.

At its meeting in November, the Board also discussed the other Partnership mechanisms and requested that aspects in relation to the operations and coordination of those mechanisms be included in the Bye-Laws.

A Transition and Oversight Committee was then established to oversee the process and provided some further guidance on changes to the Bye-Laws relating to the three Partnership mechanisms.

The prior Board was then able to provide feedback on the Bye-Laws through information sessions organized that resulted in some final adjustments. The prior Board then accepted a final version of the Bye-Laws and recommended that version to the new Board for adoption.

# RBM working groups highlights

The RBM Working Groups are led, managed, and funded by Partners to provide venues for information-sharing and collaboration on specialised topics and to address bottlenecks. More information about the Working Groups including meeting reports and presentations can be found at: <https://endmalaria.org/about-us/governance/working-groups>

## Case Management Working Group

The RBM Case Management Working Group (CMWG) held their first in-person/hybrid annual meeting in more than two years in Kigali, Rwanda, 28-30 June. More than 80 registered participants attended including more than 20 representatives from National Malaria Programs in sub-Saharan Africa.

Session topics focused on areas prioritised by the membership, including drug resistance, severe malaria, monitoring and evaluation for malaria case management, and diagnostic testing. These sessions were constructed around panels where National Malaria Program representatives could share their experiences and lessons learned. These panels were greatly appreciated by participants. The meeting attendees also conducted a site visit to observe Rwanda's successful integrated community

case management program. The field visit was considered one of the highlights of the meeting by attendees.

The CMWG also held elections to replace Dr. Elizabeth Juma, WHO, as co-chair. Nine candidates competed for the position, including several National Malaria Program representatives. Dr. Noella Umulisa, Chief of Party for the PMI Impact Malaria Project was elected, joining Dr. Lawrence (Larry) Barat as co-chairs. The CMWG membership wishes to thank Dr. Juma for her years of service and leadership.

In addition to the Annual Meeting, the CMWG also began work on an assessment of current global indicators for malaria case management. This activity is now leveraging the work of a Gates Foundation-funded evaluation of the Global Fund's monitoring framework, which is continuing in 2023.



## Malaria in Pregnancy Working Group

The Malaria in Pregnancy Working Group (MiP WG) strives to improve the care for and prevention of malaria among pregnant women. They had a very successful 2022 with several key highlights. These included creating a Country Advisory Board including six NMCP representatives from French and English-speaking countries to improve country ownership and ensure that country perspectives are well represented in working group priorities. Each member of the Advisory Board is responsible for soliciting input from a panel of NMCP representatives from three to four other countries in their region.

After much anticipation, 2022 also saw the approval of updated guidance from the WHO recommending using artemether-lumefantrine to treat uncomplicated malaria in the first trimester of pregnancy. WG members contributed to the development of the science and the literature review, which allowed the WHO to move forwards with this recommendation. The MiP WG supports the rollout and application of the updated WHO guideline by developing a

technical brief drafted by a small task force of researchers and malaria experts, including the WHO. A technical webinar with presentations from the WHO, researchers, and NMCP representatives from countries already implementing this guideline also supported the rollout.

The highly successful 22<sup>nd</sup> MiP WG Annual Meeting was held in-person in Accra, Ghana in September 2022, with 60 participants from 17 countries. In addition to providing opportunities for partners and NMCP members from multiple countries to engage and exchange lessons learned, there was a visit to the Greater Accra Regional Hospital to observe first-hand the innovations the Ghana MOH team has implemented to increase IPTp coverage. The hope is that people will take what they learned back to their countries to be adapted and implemented.

The WG continued their Call to Action to advocate for increasing IPTp3 coverage.

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## Surveillance, Monitoring and Evaluation Reference Group

In 2022, the Surveillance, Monitoring and Evaluation Reference Group (SMERG), in collaboration with partners, focused on and shared consensus and best practices for subnational tailoring, surveillance strengthening, and community health through the annual and semi-annual meetings, a series of webinars, and activities of the SMERG committees.

The SMERG held the 33<sup>rd</sup> annual meeting in Kigali, Rwanda, on 17–20, May 2022, on the theme: Streamlining SME to sustain, gain and fully respond to emerging priorities in malaria control and elimination. What do we need to continue doing? What do we need to do differently? The four day meeting involved 59 participants from 20 countries, with good representation from national malaria control programs (NMCPs). The semi-annual meeting was held on 1–2 November 2022 in Seattle, WA, U.S. Key topics discussed included working on quality assurance, population denominators, and routine data evaluations.

The SMERG, in collaboration with the RBM Secretariat, the Global Fund, and the U.S. President's Malaria Initiative (PMI), organised a webinar on Data Assembly, Stratification and Subnational Tailoring Processes for NMCPs and partners

that reviewed basic components of subnational tailoring and specific items to consider for funding requests.

During this period, the Surveillance Practice and Data Quality (SP&DQ) Committee and the Community Health Committee (CHC) under the SMERG were fully functional. The SP&DQ Committee membership reached 38, together with other NMCP members, the WHO, the RBM Global Malaria Dashboards Team, the CRSPC, and the Asia Pacific Malaria Elimination Network Surveillance Response Working Group (APMEN SRWG). They engaged through regular newsletters, webinars, and the NMCP tracker prioritisation exercise.

The Committee simplified the interim dashboard and the Implementing Partners Surveillance Projects Dashboard, which went live on 9 March 2022 (Global Malaria Dashboard (endmalaria.org)). The newsletters have been one of the key communication initiatives. The Partners' Corner hosted the implementing partners who submitted surveillance-related projects. Burkina Faso, Cambodia, Cameroon, the Democratic Republic of the Congo, Senegal, and Zambia shared their best practices and lessons learned in the Country Corner. The Committee hosted a Malaria Routine Data in Action webinar series, with five webinars to date. It also launched the NMCP's Surveillance Operational Milestones Tracker process on 24 November.

The CHC held a side meeting during the SMERG semi-annual meeting in Seattle to identify the scope of ongoing activities, find gaps and areas of complementarity among

community health workers, and identify which other groups are working on community health workers and SME.

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## Multi-Sectoral Working Group

The Multi-Sectoral Working Group (MSWG) brings together different stakeholders across different sectors, including health, science and technology, oil and gas, international cooperation (cross border), housing, infrastructure, extraction industries, water and sanitation, environment, food and agriculture, education, immigration, tourism, customs, security, finance, trade, political, private, civil society, labour, research and development, media, information and communications technology, social protection and justice. The aim is to align these partners in their actions for new interventions, put new life into those that already exist, and coordinate and manage these in new and innovative ways.

The MSWG's mandate is: Convene, Coordinate, Mobilise Resources, Facilitate Communication. They recently finalised

Multi-Sectoral Framework documents: RBM Multisectoral Action Guide to End Malaria (completed), and RBM Comprehensive Multisectoral Action Framework-Malaria & Development, with UNDP and UNHabitat, which was launched on 30 August.

The Interim Hybrid RBM MSWG meeting was held in Geneva on 30 August and presented recent advances in multisectoral approaches in managing vector-borne diseases, and moving in action sustainably. The MSWG also participated in CRSPC meetings organised in all four WHO African regions to share updates on multisectoral action with NMCPs (Nairobi, Harare, Dakar, Brazzaville) and supported the Zanzibar MTR.

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## Social and Behaviour Change Working Group

Throughout 2022, the Social and Behaviour Change (SBC) WG continued to serve as a forum to exchange malaria SBC best practices and experiences among NMCPs and other SBC professionals. The WG promotes the development of theory-informed, evidence-based SBC programming at the country level. The WG's mandate also includes supporting members in mobilising political and technical resources to position SBC as a core component of malaria control.

Virtual meetings held in 2022 saw members from more than 60 countries. Three WG virtual meetings brought technical presentations from malaria SBC experts and updates from partners. The WG also hosted its 9<sup>th</sup> Annual Meeting as a Virtual Forum under the theme "Malaria SBC in Action," which reflected that every country's malaria SBC actions count in the fight against malaria. The Virtual Forum convened over 450 participants from more than 50 countries and featured 25 presentations from 18 countries. In December, more than 60 members attended the WG's in-person meeting on the sidelines of the International SBCC Summit in Marrakesh to chart the path forward.

The WG encourages its members to include SBC in all National Malaria Strategic Plans, keep national SBC

strategies up to date, and maintain robust monitoring and evaluation components. To this end, the WG has created 13 technical resources in English, French, and Portuguese to support strategy and program development, monitoring and evaluation, and coordinating malaria SBC. In 2022, the WG updated its Malaria SBC Program Guidance in the Context of the COVID-19 Pandemic, including changing from an emergency focus to an ongoing situation and adding information on COVID-19 vaccine availability and uptake, variants, shifting country policies, and health system challenges. A WG webinar on Guidance for Implementing SBC Programs in Coordination with Zero Malaria Starts with Me Activities showcased three country examples.

A key component of the SBC WG is a rich, multi-national dialogue among its members to share experiences and learning. With the support of the nine-member Steering Committee, six volunteer regional/linguistic ambassadors supported coordination among WG members at a regional level and within specific francophone and lusophone groups by liaising with members, hosting language-specific virtual networking sessions, and communicating regional needs to WG leadership.

The WG participated in RBM coordination meetings and attended the four regional CRSPC meetings to share the latest malaria SBC resources to inform Global Fund requests

and the SBC consultant roster. In 2022, the WG collaborated with the Vector Control Working Group Human Behaviour Task Team on a series of human-centred design workshops.

## Vector Control Working Group

The main objectives of the Vector Control Working Group (VCWG) are to provide a platform for sharing information and best practices in vector control, facilitate communication and collaboration within the vector control community, and support the implementation of vector control guidance generated by the WHO. The highlights of activities and achievements towards these objectives for 2022 include galvanising efforts towards addressing the invasion of *Anopheles stephensi* in the Horn of Africa and its potential spread to the rest of the continent, recognised as a major threat to progress against malaria. To this end, several *An. stephensi*-focused online meetings were organised in December 2021 and February 2022 with key stakeholders in the vector control community. These meetings led to identifying research priorities, capacity building initiatives, and key activities to help raise awareness of the problem and support a more accelerated response. The VCWG also led the development of a joint consensus statement with the MSWG on the Global Vector Control Response to invasive *An. stephensi* (found here: <https://endmalaria.org/related-material/global-vector-control-response-invasive-anopheles-stephensi-consensus-statement>). They also worked with MESA to perform a landscaping review to track *An. stephensi* research and investment.

The VCWG provides a platform for sharing updates and best practices from key stakeholders in vector control to the broader vector control community. In 2022, they organised their 17<sup>th</sup> Annual Meeting. This virtual event consisted of five online sessions between March and May. There were 331 participants from 48 countries, of which 31 were malaria endemic. The VCWG co-hosted a roundtable event in Washington DC with the UN Foundation on 'Protecting Displaced Populations from Vector Borne Diseases.' This led to the creation a Task team to raise awareness and identify further activities to support vector control in humanitarian activities. A special session on Engaging the Private Sector in Vector Control was also organised, and a Massive Open Online Course was launched on 'The Resistant Mosquito: Staying Ahead of the Game in the Fight against Malaria,' which is a product of the Working Group with over 3,000 learners worldwide. Regular vector control updates were shared with VCWG members via email and through the biannual e-newsletter.

Several activities were also implemented to facilitate the overall management of the VCWG. Two new workstream leads were appointed to replace those who had reached the end of their term, and quarterly leadership meetings were organised to steer and streamline the activities of the different workstreams and task teams.



The purpose of the RBM Working group is to support countries on best practices to target and tailor malaria interventions for impact

# Looking towards the future: driving progress in the fight against malaria

Although malaria cases have risen, results indicate that the efforts of countries and partners have averted the worst-case scenario predicted at the start of the COVID-19 pandemic. However, a growing number of challenges jeopardise our significant gains over the last two decades. For example, the tools we have relied on to fight malaria are becoming ineffective with the emerging drug and insecticide resistance issues. The potential effects of climate change on malaria transmission also need to be considered. Continued investment in research is invaluable to ensure the development of innovative solutions to respond to evolving threats and strengthen our ability to fight malaria.

Global financial resources for malaria are currently constrained, and the funding gap between the amount invested and the resources needed has widened over the last several years. Most countries have front-loaded their resources to avoid having significant malaria funding gaps in 2024 and 2025. Additionally, while countries have highlighted the convergence of biological threats such as insecticide and drug resistance, most countries have a limited roll of newer, more effective, but more expensive commodities to address these threats. This financial strain will challenge our ability to sustain their essential services and deliver and expand life-saving malaria services and interventions to fight this disease effectively. This means that further introduction and scale up in the highly effective innovative tools such as dual ai nets and newer artemisinin-based combinations including implementation of multiple first line therapies, is limited.

Global economic, humanitarian emergencies and climate-related challenges add further complications. It is vital to ensure that the limited resources available are directed to those who need them the most— and where they will have the highest impact.

We must identify and address gaps in coverage and emerging funding needs so that tools for malaria prevention and therapy reach affected communities. Our



future success relies on the effective collection and use of real-time data and subsequent coordination of support through our partners worldwide.

The RBM Partnership will continue to work closely with its partners to support malaria-endemic countries and improve individual programmes, emphasizing the need to promote equitable access to malaria services and interventions. Increasing the uptake of country-led strategies, like the Zero Malaria Starts With Me campaign and promoting innovative financing mechanisms and strategic initiatives with increased domestic funding will continue to be critical.

To get the fight against malaria back on track, it is essential to continue gathering widespread support and commitment, country ownership, and political will from Heads of State to heads of households. The only way to a malaria-free world is for everyone to join the fight. Zero malaria truly starts with all of us.



## **Acknowledgements**

The RBM Partnership takes this opportunity to extend heartfelt appreciation for all partners' outstanding support and unwavering commitment to the fight against Malaria.

This partnership has been nothing short of remarkable.

The RBM Partnership recognizes the significant impact each one of the partners, including Ministries of Health and National Malaria control/elimination programs of malaria-affected countries, Donors, Philanthropies, Foundations, Multilateral organisations, civil societies organisations, local communities, researchers and academicians, and everyone has on our organization's mission. Your active involvement in the implementation of RBM activities has been invaluable.

The generous financial support from the US Government through President's Malaria Initiative, the Global Fund, the Reaching Last Mile, the Bill and Melinda Gates Foundation, and the UN Foundation has been instrumental for the RBM Partnership to implement activities, touching the lives of countless individuals and communities in a meaningful way.

The RBM Partnership also acknowledges the editorial and production support of Life Science Editors to help produce this report.







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